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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL  |        |                         |                                  | Complete if Known                     |                                  |                         |                  |
|---|--------|-------------------------|----------------------------------|---------------------------------------|----------------------------------|-------------------------|------------------|
|   |        |                         |                                  | Application Number                    |                                  | 08/822,397-Conf. #6309  |                  |
|   |        |                         |                                  | Filing Date                           |                                  | March 20, 1997          |                  |
|   |        |                         |                                  | First Named Inv                       | t Named Inventor Barry H. Schwab |                         | b                |
| For FY 2009   |        |                         |                                  | Examiner Name R. M. Brown             |                                  |                         |                  |
| X Applicant claims small entity status. See 37 CFR 1.27   |        |                         |                                  | Art Unit 2611                         |                                  |                         |                  |
| TOTAL AMOUNT OF PAYMENT (S) 1,055.00  |        |                         | Attorney Docket No. VID-00203/29 |                                       |                                  |                         |                  |
| METHOD OF PAYMENT (check all that apply)  |        |                         |                                  |                                       |                                  |                         |                  |
| Check X Credit Card Money Order None Other (please identify):   |        |                         |                                  |                                       |                                  |                         |                  |
| X Deposit Account Deposit Account Number: 07-1180 Deposit Account Name; Gifford, Krass, Sprinkle, Anderson & Citkowski,   |        |                         |                                  |                                       |                                  |                         |                  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |        |                         |                                  |                                       |                                  |                         |                  |
| Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filing fee  |        |                         |                                  |                                       |                                  |                         |                  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |        |                         |                                  |                                       |                                  |                         |                  |
| FEE CALCULATION   |        |                         |                                  |                                       |                                  |                         |                  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |        |                         |                                  |                                       |                                  |                         |                  |
| FILING FEES SEARCH FEES EXAMINATION FEES  |        |                         |                                  |                                       |                                  |                         |                  |
| Application Type  | Fee (S | Small Entity ) Fee (\$) | Fee (\$                          | Small Entity Fee (\$)                 | Fee (S)                          | Small Entity<br>Fee (S) | Fees Paid (\$)   |
| Utility   | 330    | 165                     | 540                              | 270                                   | 220                              | 110                     |                  |
| Design  | 220    | 110                     | 001                              | 50                                    | 140                              | 70                      |                  |
| Plant   | 220    | 110                     | 330                              | 165                                   | 170                              | 85                      |                  |
| Reissue   | 330    | 165                     | 540                              | 270                                   | 650                              | 325                     |                  |
| Provisional   | 220    | 110                     | 0                                | 0                                     | 0                                | 0                       |                  |
| 2. EXCESS CLAIN   | l FEES |                         |                                  |                                       |                                  | -<br>-                  | Small Entity     |
| Fee Description Fee (\$)  |        |                         |                                  |                                       |                                  |                         | <u>Fee (\$)</u>  |
| Each claim over 20 (including Reissues)   |        |                         |                                  |                                       |                                  | 52                      | 26               |
| Each independent claim over 3 (including Reissues)  |        |                         |                                  |                                       |                                  | 220                     |                  |
| Multiple dependent claims 390   |        |                         |                                  |                                       |                                  |                         |                  |
| 10 110  |        |                         |                                  | e Paid (\$) Multiple Dependent Claims |                                  |                         |                  |
|   | ···    | _ x =                   |                                  |                                       | <u>F</u>                         | ee (S) F                | ee Paid (\$)     |
| HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (S) Fee Paid (\$)   |        |                         |                                  |                                       |                                  |                         |                  |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  1 -4 or HP = × =   |        |                         |                                  |                                       |                                  |                         |                  |
| HP = highest number of independent claims paid for, if greater than 3.  |        |                         |                                  |                                       |                                  |                         |                  |
| 3. APPLICATION SIZE FEE   |        |                         |                                  |                                       |                                  |                         |                  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 |        |                         |                                  |                                       |                                  |                         |                  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |        |                         |                                  |                                       |                                  |                         |                  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |        |                         |                                  |                                       |                                  |                         |                  |
| 100 = /50 = (round up to a whole number) x =<br>4. OTHER FEE(S) Fees Paid (S)   |        |                         |                                  |                                       |                                  |                         |                  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  |        |                         |                                  |                                       |                                  |                         |                  |
| Other (e.g., late filing surcharge): 2501 Utility issue fee 755.00  |        |                         |                                  |                                       |                                  |                         |                  |
| 1504 Publication fee for early, voluntary, or normal 300.00   |        |                         |                                  |                                       |                                  |                         |                  |
| SUBMITTED BY  |        |                         |                                  |                                       |                                  |                         |                  |
| Signature   | 700    | n pos                   | 2                                | Registration No.<br>(Attorney/Agent)  | 37,424                           | Telephone               | (734) 913-9300   |
| Name (Print/Type) John/G. Posa  |        |                         |                                  |                                       |                                  | Date F                  | ebruary 11, 2011 |
|   | -/-    |                         |                                  |                                       |                                  | <del></del>             |                  |